Docket Number:

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>ORAL PHARMACEUTICAL DOSAGE FORMS COMPRISING A PROTON PUMP INHIBITOR AND A NSAID</u>, the specification of which is attached hereto unless the following box is checked:

X		cember 1996 as Unite	d States Application Number o	r PCT International Application
	and was amended or	n	(if applicable).	··'
		eviewed and understand amendment referred to		tified specification, including the
l ackn	owledge the duty to d	lisclose information which	h is material to patentability as do	efined in 37 CFR § 1.56
patent countr applica	or inventor's certific y other than the Unit	cate, or § 365(a) of any ed States, listed below a ventor's certificate, or PC	y PCT International application and have also identified below, b	of any foreign application(s) for which designated at least one by checking the box, any foreign og a filing date before that of the
Prior F	oreign Application(s)	·		
				Priority Not Claimed
	9600070-8	Sweden	08 January 1996	
	(Number)	(Country)	(Day/Month/Year Filed)	
			*	•
	(Number)	(Country	(Day(Month/Year Filed)	
•				•
l herel	by claim the benefit u	ınder 35 U.S.C. § 119(e)	of any United States provisional	application(s) listed below.
(A	pplication Number)	. (F	Filing Date)	
(<i>F</i>	Application Number	(F	Filing Date)	,

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Filing Date)	(Status patented, pending, abandoned)	
(Application Number)	(Filing Date)	(Status patented, pending, abandoned)	
((3 = 7	(
I hereby appoint the following atte		secute this application and to transact all business in	

Nels T. Lippert, Reg No. 25,888; Edward V. Filardi, Reg. No. 25,757; Dimitrios Drivas, Reg. No. 32,218; Robert B. Smith, Reg. No. 28,538; David Bender, Reg. No. 35,445; Richard J. Sterner, Reg. No. 35,372; Hans-Peter G. Hoffmann, Reg. No. 37,352; Cecilia O'Brien Lofters, Reg. No. 33,434; Zoltan Kerekes, Reg. No. 38,938; Scott T. Weingartner, Reg. No. 37,756; Leslie Morioka, Reg. No. 40,304; and John Scheibeler, Reg. No. 35,346 all of the firm of WHITE & CASE, with offices at 1155 Avenue of the Americas, New York, New York 10036,

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believe to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor (given name, family name)	Helene Depui		· · · · · · · · · · · · · · · · · · ·
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Second inventor's signature	P-Lundlag	Date	23.12.96
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Full name of third joint inventor (given name, family name)	or, if any		· · · · · · · · · · · · · · · · · · ·
hird inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
Full name of fourth joint invention (given name, family name)	ator, if any		: .
Fourth inventor's signature		Date	
Residence		Citizenship	
Post Office Address			
Full name of fifth joint invento (given name, family name)	r, if any	•	
Fifth inventor's signature		Date	
Residence		Citizenship	
Post Office Address			

Additional inventors are being named on separately numbered sheets attached hereto.